MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09070

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paper Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Paper Street

3. NAME OF DECEASED (Type or Print): (First) Algie (Middle) -- (Last) Bivens

4. DATE OF DEATH: (Month) Sept. (Day) 26, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: ? ? 1894

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Sea Food

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Shepard Bivens

14. MOTHER'S MAIDEN NAME: Faucet Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Herbert Elzie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Dropped Dead

420.1
94a

(c)

William H. Coulbourn, M.D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Dead before I was Called

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE) National Louse

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead When I saw Him, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 6.45P m. from the causes and on the date stated above.

SIGNATURE Wm H Coulbourn (Degree or title) M.D. ADDRESS Crisfield Md DATE SIGNED 9/29/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Sept. 29, 1949

NAME OF CEMETERY OR CREMATORY: Lawsonia Cemetery

LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG. 9/29/49

REGISTRAR'S SIGNATURE C. E. Collins

24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors, ADDRESS Crisfield

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 3 1949
BUREAU V. S.

09071

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH · COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mariners Road	STREET ADDRESS (If rural, give location) Mariners Road

3. NAME OF DECEASED (Type or Print)	(First) GARRY	(Middle) LAWERENCE	(Last) BLADES	4. DATE OF DEATH (Month) Sept. (Day) 10, (Year) 1949
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Oct. 24, 1865	9. AGE last birthday 83 yrs. — If under 1 year Months / Days — If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) sea captain	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Crisfield, Maryland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Seth Wilkens Blades		14. MOTHER'S MAIDEN NAME Emily Sterling		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT Mrs. Laura Holland Blades		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Dil of Heart, Uremia — 1 week

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Int regents — years

131a (c) Chronic myocarditis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Genuine arteriosclerosis

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) no	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) nw m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? nw

22. I hereby certify that I attended the deceased from Sept 1, 1949, to Sept 10, 1949, that I last saw the deceased alive on Sept 10, 1949, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE George C. Coulbourn M.D. (Degree or title) ADDRESS Monroe St. Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF Sept. 13, 1949	NAME OF CEMETERY OR CREMATORY Mariners Cemetery	LOCATION (City, town, or county) (State) Crisfield, Maryland
DATE REC'D BY LOCAL REG. Sept 12, 49	REGISTRAR'S SIGNATURE Betty Massey	24. FUNERAL DIRECTOR Bradshaw Funeral Parlors	ADDRESS Crisfield

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 22 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09072 266

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chance
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chance
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Oscar (Last) Donalds

4. DATE OF DEATH: (Month) Sept. (Day) 4, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)

8. DATE OF BIRTH: March 3, 1873

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fishing

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Chance, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James H. Donalds

14. MOTHER'S MAIDEN NAME: Jane Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Wife--Cora Jones Donalds

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fatty myocardial degeneration	?
725 93d	(c) Degenerative arthritis of spine (bed-ridden)	7 years ?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Marked obesity, liver & biliary dysfunction	? Years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 1949, to Sept. 4, 1949, that I last saw the deceased alive on Aug. 29, 1949, and that death occurred at 9:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

T. K. Huntable Jr., M.D. Princess Anne, Md. Sept. 5, 1949

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09073

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden | LENGTH OF STAY (In this place) All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home Route 13

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden
STREET ADDRESS (If rural, give location) R.F.D. 1

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) Jackson (Last) Doody
4. DATE OF DEATH: (Month) Sept (Day) 17 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: Dec 22 1873 | 9. AGE last birthday: 75 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eugene Doody | 14. MOTHER'S MAIDEN NAME: Sudlute

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT: Mrs. Emily D. Barnett (daughter)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured & punctured Skull, Crushed — Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chest — 816.5 / 170c

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Road | (CITY OR TOWN) Eden | (COUNTY) Somerset | (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 9 17 49 4 P m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Collision of truck & trailer truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
Henry M. Lankford M.D. Princess Anne Md 9/19/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Sept. 20 49 | NAME OF CEMETERY OR CREMATORY Wicomico Mem Park | LOCATION (City, town, or county) Salisbury | (State) Md.

DATE REC'D BY LOCAL REG. 9/19/49 | REGISTRAR'S SIGNATURE K. H. Johnson, M.D. | 24. FUNERAL DIRECTOR Holloway & Co. | ADDRESS Salisbury Md.

RECEIVED
SEP 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09074

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Paper St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STREET ADDRESS (If rural give location) Paper St.

3. NAME OF DECEASED (Type or Print): (First) ROSA (Middle) (Last) DRUMMOND

4. DATE OF DEATH: (Month) Sept. (Day) 10, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 12, 1882

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Marumsco, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nace Teagle

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Robert Teagle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	6 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemiplegia, right side	3 wks.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

331 830

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

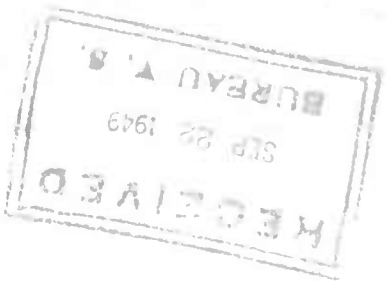
22. I hereby certify that I attended the deceased from Aug. 27, 1949, to Sept. 10, 1949, that I last saw the deceased alive on Sept. 9, 1949, and that death occurred at 2:00 A.m., from the causes and on the date stated above.

SIGNATURE: C Rawley (Degree or title) M.D. ADDRESS: Crisfield Md DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: Sept. 12, 1949; NAME OF CEMETERY OR CREMATORY: Marumsco Cemetery; LOCATION (City, town, or county) (State): Marumsco, Md.

DATE REC'D BY LOCAL REG.: 9/12/49; REGISTRAR'S SIGNATURE: C. E. Collins

24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors ADDRESS: Crisfield


RECEIVED
SEP 22 1949
BUREAU V. S.

09075

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 262

1. PLACE OF DEATH: COUNTY Somerset County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke Route 1
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY Lee County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Meyers
STREET ADDRESS (If rural, give location) 38 Lime St, ✓

3. NAME OF DECEASED (Type or Print) (First) Benny (Middle) Lee (Last) Ellison

4. DATE OF DEATH (Month) Sept, (Day) 25 (Year) 1949

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Oct, 10, 1920

9. AGE last birthday 28 yrs. If under 1 year Months 11 Days 14 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor

10b. KIND OF BUSINESS OR INDUSTRY Farm Labor

11. BIRTHPLACE (State or foreign country) Quincy, Florida.

12. CITIZEN OF WHAT COUNTRY? Yes

13. FATHER'S NAME Lee Ellison

14. MOTHER'S MAIDEN NAME Annie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. unknown

17. INFORMANT Elnore Hunter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

813.5 Immediate cause (a) Broken Neck

170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

BENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Rt 364

(CITY OR TOWN) Near Pocomoke (COUNTY) Somerset (STATE) Md

TIME OF INJURY (Month) Sept (Day) 25/49 (Year) 1215 (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Auto & Beagle Collission

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Henry M. Lankford (Degree or title) M.D. ADDRESS Princess Ann Md DATE SIGNED 10/6/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Oct, 10. 1949

NAME OF CEMETERY OR CREMATORY Oak Ridge Cemet.

LOCATION (City, town, or county) Fort Meyers. (State) Florida

DATE REC'D BY LOCAL REG. Oct 6-1949

REGISTRAR'S SIGNATURE Mrs Clayton Davis

24. FUNERAL DIRECTOR Howard A. Gill ADDRESS Pocomoke City Maryland

Over

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

MV

Delay in signing death proof due to difficulty in identification.

H. M. L.

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

RECEIVED
OCT 8 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09076

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne R.D.I
MARYLAND
LENGTH OF STAY (in this place): 45 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne Rural 1
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Libbie (Middle) K. (Last) Ent

4. DATE OF DEATH: (Month) Sept. (Day) 6 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 19, 1887

9. AGE last birthday: 62 yrs. If under 1 year: Months 7, Days 18; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John L. Kirwin Md.

14. MOTHER'S MAIDEN NAME: Ursula Vetra Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Mr. Porter Ent Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Epilepsy — Interval between onset and death: 10 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

334 85

(b) Cerebral arterial Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1946, to Sept 6, 1949, that I last saw the deceased alive on Sept 6, 1949, and that death occurred at 8 15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jas. R. Whaley M.D. ADDRESS: Princess Anne, Md. DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 9-8-49 | NAME OF CEMETERY OR CREMATORY: Allen Cemetery | LOCATION (City, town, or county) (State): Allen, Maryland

DATE REC'D BY LOCAL REG. 9/8/49 | REGISTRAR'S SIGNATURE: R. T. Johns, M.D. | 24. FUNERAL DIRECTOR: Irvin R. Wilson ADDRESS: Princess Anne, Maryland

RECEIVED
SEP. 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

19077

Reg. Dist. No. 260

1. PLACE OF DEATH
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Princess Anne R. D. 1
LENGTH OF STAY (in this place) 72 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Princess Anne
STREET ADDRESS (If rural, give location) Rural I

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Oscar (Last) Goslee
4. DATE OF DEATH (Month) Sept. (Day) 24 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	white	single	Aug. 28, 1877	72 yrs.		27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	farming	Maryland	U. S. A.

13. FATHER'S NAME Samuel Goslee
14. MOTHER'S MAIDEN NAME S. Elizabeth Disharoom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	no	Mrs Virginia Croswell Princess Anne, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Thrombosis	15 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Thrombosis	24 hrs.
	(c) Arteriosclerosis & Hypertension	? yrs.

420.1 94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 23, 1949, to Sept. 24, 1949, that I last saw the deceased alive on Sept. 24, 1949, and that death occurred at 5:15 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. K. Huntable Jr., M.D.		Princess Anne, Md.	Sept. 26, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 27, 1949	Allen Cemetery	Allen, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/26/49	K. H. Johnson, M.D. gd.	Levin R. Wilson	Princess Anne, md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
SEP 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09078

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne | LENGTH OF STAY (in this place) 54
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Asaac (Middle) James (Last) Hayward

4. DATE OF DEATH: (Month) Sept (Day) 14 (Year) 19 49

5. SEX: Male | 6. COLOR OR RACE: C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: July 14 188[illegible] | 9. AGE last birthday: 54 yrs. | If under 1 year: Months 2, Days, Hours, Min. | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Princessanne Somerset | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Littleton J Hayward | 14. MOTHER'S MAIDEN NAME: Nancy Stevenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If year, give war or dates of service): WW I | 16. SOCIAL SECURITY NO. | 17. INFORMANT: anna Hayward

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Myocarditis	6 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Pulmonary Tuberculosis	4 years
	(c)	

002
13b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15th, 1949, to Sept 14, 1949, that I last saw the deceased alive on Sept 11th, 1949, and that death occurred at 8.00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Eldon G. Mawrman | Princess Anne Md. | Sept 16 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Sept 19 1949 | NAME OF CEMETERY OR CREMATORY: Oakville | LOCATION (City, town, or county) (State): Princess anne somerset co Md

DATE REC'D BY LOCAL REG. 9/16/46 | REGISTRAR'S SIGNATURE: R. E. Johnson, M.D. | 24. FUNERAL DIRECTOR: Charles H Ward | ADDRESS: Marion Md.

gds

VS. A15 T

RECEIVED
SEP 20 1949
BUREAU V. S.

09079

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Venton Md
LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Venton, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Rebecca (Middle) (Last) Holbrook

4. DATE OF DEATH (Month) Sept. (Day) 30 (Year) 1949

5. SEX female
6. COLOR OR RACE Negro
7. ~~SINGLE, MARRIED, WIDOWED,~~ DIVORCED, (Specify)
8. DATE OF BIRTH 7-5-1897
9. AGE last birthday 52 yrs. If under 1 year Months 2 Days 25 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Somerset County
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Stockley
14. MOTHER'S MAIDEN NAME Mary R. Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Delca Waters

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) General Metastitis — INTERVAL BETWEEN ONSET AND DEATH about 6 mo.

171 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Cervix — Malin

48a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/29, 1949, to 9/30, 1949, that I last saw the deceased alive on 9/20, 1949, and that death occurred at 12 13/A m., from the causes and on the date stated above.

SIGNATURE Thos. B. Whaley M.D. (Degree or title) ADDRESS Princess Anne, Md. DATE SIGNED 10/1/49

23. BURIAL, ~~CREMATION REMOVAL (Specify)~~ DATE THEREOF 10-2-49 NAME OF CEMETERY OR CREMATORY Grace LOCATION (City, town, or county) Venton, Md (State)

DATE REC'D BY LOCAL REG. Oct. 1st 1949 REGISTRAR'S SIGNATURE R. H. Johnson, M.D. G.H.B.
24. FUNERAL DIRECTOR William H. James Jr. ADDRESS Princess Anne Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 264 N. Somerset Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 264 N. Somerset Ave.

3. NAME OF DECEASED (Type or Print) (First) TRIFFIE (Middle) E. (Last) HOLLAND

4. DATE OF DEATH (Month) Sept. (Day) 9, (Year) 1949

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed | 8. DATE OF BIRTH Dec. 29, 1862 | 9. AGE last birthday 86 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) domestic work | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Rumbley, Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward Dize | 14. MOTHER'S MAIDEN NAME Fanny Tyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Walter Haynie (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis	3 Mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Nephritis	2 yrs
	(c)	

592
131.6

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 5, 1949, to Sept. 9, 1949, that I last saw the deceased alive on Sept. 9, 1949, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. | ADDRESS Crisfield Md | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Sept. 11, 1949 | NAME OF CEMETERY OR CREMATORY Mechanics Cemetery | LOCATION (City, town, or county) (State) Fairmount, Maryland

DATE REC'D BY LOCAL REG. 9/11/49 | REGISTRAR'S SIGNATURE Janice E. Spires

21. FUNERAL DIRECTOR Bradshaw Funeral Parlors | ADDRESS Crisfield

RECEIVED
SEP 22 1949
BUREAU V. R.

09081

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH· COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion — LENGTH OF STAY (in this place) Life time	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) COLEMAN	(Last) HORSEY	4. DATE OF DEATH	(Month) Sept. 1, (Day) 1949 (Year) 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Nov.18,1867	9. AGE last birthday 81 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker & Farmer	10b. KIND OF BUSINESS OR INDUSTRY Produce	11. BIRTHPLACE (State or foreign country) Marion, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Horsey		14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Elizabeth Horsey			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia, Acid Die of Heart

Antecedent cause(s) (b) Chronic Int vegetatio Chronic vascular 3 years

422.1 131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) general arterio Sclerosis 10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemoglobin

19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Sept 1, 1949, that I last saw the deceased alive on Sept 1, 1949, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George C. Coulbourn M.D.		Mason Md.	September 3, 1949

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE Sept.4,1949	NAME OF CEMETERY OR CREMATORY St. Pauls Episcopal	LOCATION (City, town, or county) (State) Marion, Maryland
DATE REC'D BY LOCAL REG. September 3, 49	REGISTRAR'S SIGNATURE Betty Massey	24. FUNERAL DIRECTOR Bradshaw Funeral Parlors,	ADDRESS Crisfield

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 12 1949
BUREAU V. S.

09082

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 268

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chance
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chance
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) CAROLL (Middle) LINWOOD (Last) JONES

4. DATE OF DEATH (Month) Sept. (Day) 7 (Year) 1949

5. SEX Male | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single | 8. DATE OF BIRTH Dec. 6, 1931 | 9. AGE last birthday 18 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Princess Anne, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown | 14. MOTHER'S MAIDEN NAME Elnora Boston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mr. Roland Parks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intestinal Obstruction Acute — INTERVAL BETWEEN ONSET AND DEATH: Aug 29 '49

570.5 Antecedent cause(s) — Sept 7 '49

122b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital Imbecility — 9 days

(c) — 18 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15th, 1949, to Sept 7, 1949, that I last saw the deceased alive on Sept 6th, 1949, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE Eldon G. Mavroman (Degree or title) ADDRESS Princess Anne, Md. DATE SIGNED 9/8/49

23. BURIAL, CREMATION REMOVAL. (Specify) Burial | DATE Sept. 9, 1949 | NAME OF CEMETERY OR CREMATORY Charles M.E. Church Cem. | LOCATION (City, town, or county) Chance, Maryland (State)

DATE REC'D BY LOCAL REG. 9/15/49 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Bradshaw Funeral Parlors ADDRESS Crisfield Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 22 1943
BUREAU V. S.

09083

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 760

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fairmount (Upper Hill) — LENGTH OF STAY (in this place): 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fairmount (Upper Hill)
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) WELTON (Last) JONES
4. DATE OF DEATH: (Month) Sept. (Day) 30, (Year) 1949
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 17, 1904
9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman--fishing & Cannery worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chance, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Clarence Jones
14. MOTHER'S MAIDEN NAME: Bertha Wright
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 215-26-4660
17. INFORMANT: Virginia (Holbrook) Jones, wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Acute Coronary Thrombosis	Immediate
420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Not known --Probably Atherosclerosis	?
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ---- , 19....., to Sept. 30, 1949, that I last saw the deceased alive on Never, 19....., and that death occurred at 4:00 a.m., from the causes and on the date stated above.

SIGNATURE: T. R. Huntable Jr. (Degree or title) M.D. — ADDRESS: Princess Anne, Md. — DATE SIGNED: Sept. 30, 1949

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF: Oct 3-1949 — NAME OF CEMETERY OR CREMATORY: Upper Hill — LOCATION (City, town, or county) (State): Upper Hill Somerset Co Md

DATE REC'D BY LOCAL REG.: Oct. 1st 1949 — REGISTRAR'S SIGNATURE: R. H. Johnson, M.D. G.H.B. — 24. FUNERAL DIRECTOR: Charles Howard — ADDRESS: Marion Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 4 1949
BUREAU V. S.

09084

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Venton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Venton Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Nathan (Middle) Lewis (Last)
4. DATE OF DEATH (Month) Sept (Day) 24 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH March 17 1879
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Truck Farming
11. BIRTHPLACE (State or foreign country) Venton Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William Lewis
14. MOTHER'S MAIDEN NAME Mary Phoebus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 219-12-6725
17. INFORMANT Archie Lewis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Heart

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 1 (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/24, 1949, to 9/24, 1949, that I last saw the deceased alive on 9/24, 1949, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE T. Smith M.D. (Degree or title) ADDRESS Princess Anne Md DATE SIGNED 9/26-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 27, 1949
NAME OF CEMETERY OR CREMATORY Monie Cemetery
LOCATION (City, town, or county) Venton Md. (State)

DATE REC'D BY LOCAL REG. 9/26/49
REGISTRAR'S SIGNATURE L. H. Johnson, M.D. gd.
24. FUNERAL DIRECTOR Dale Dashiell ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 27 1949
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09085

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) C. (Last) REVELLE

4. DATE OF DEATH (Month) Sept. (Day) 28, (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH Aug. 6, 1865

9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Fairmount, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John T. Parks

14. MOTHER'S MAIDEN NAME Milcah Walston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT John Revelle (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Failure	9/21/49
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Infarction	8/13/49
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 9/25, 1949, to 9/28, 1949, that I last saw the deceased alive on 9/27, 1949, and that death occurred at 8:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Hugh B. Wheatley M.D.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 30, 1949	Fairmount Methodist C.	Fairmount, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
9/30/49	K. H. Johnson, M.D. Jr.	Bradshaw Funeral Parlors Crisfield

VS. A15

RECEIVED
OCT 3 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09086

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Crisfield
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) ELIZABETH (Last) RITZELL

4. DATE OF DEATH (Month) Sept. (Day) 8, (Year) 1949 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Feb. 16, 1880
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Westover, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Augustus Ritzell
14. MOTHER'S MAIDEN NAME Elizabeth Betler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT James A. Ritzell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Dil of Heart Uremia	2 weeks
570.5 Antecedent cause(s)	(b) Intestinal obstruction	2 weeks
122b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Chronic Int nephritis Chronic nephrosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Sept 2 49
19b. MAJOR FINDINGS OF OPERATION Intestinal obstruction Ileo cecae volvulus
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no
(CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept 1, 1949, to Sept 8, 1949, that I last saw the deceased alive on Sept 8, 1949, and that death occurred at 6 45A m., from the causes and on the date stated above.

SIGNATURE George C. Coulburn M.D. (Degree or title) ADDRESS Marion Sta Md DATE SIGNED Sept 10 49

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE Sept. 12, 1949
NAME OF CEMETERY OR CREMATORY Episcopal Cemetery
LOCATION (City, town, or county) (State) Princess Anne, Md.

DATE REC'D BY LOCAL REG. Sept. 10, 1949
REGISTRAR'S SIGNATURE Betty Massey
24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, ADDRESS Crisfield

RECEIVED
SEP 22 1919
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09087

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place) 2 mo. 16 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Princess Anne #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) Princess Anne #1

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) E. (Last) STERLING Jr.

4. DATE OF DEATH: (Month) Sept. (Day) 21 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: July 2 1949

9. AGE last birthday: ~~2 mo.~~ yrs. If under 1 year: Months 2, Days 16; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Princess Anne Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas E. Sterling

14. MOTHER'S MAIDEN NAME: Betty Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Thomas Sterling

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gastro-Enteritis — Interval Between Onset and Death: 5 days

5710 Antecedent cause(s) 119a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Cedon G. Marksman ADDRESS Princess Anne DATE SIGNED 9/22/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Sept 24-1949

NAME OF CEMETERY OR CREMATORY Asbury Cem.

LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REG 9/22/49

REGISTRAR'S SIGNATURE L. H. Johnson, M.D.

24. FUNERAL DIRECTOR John A. Bradshaw Jr. ADDRESS Crisfield Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 23 1949
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09088

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield (rural) | LENGTH OF STAY in this place 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hopewell
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) HENRY (Last) TILGHMAN
4. DATE OF DEATH (Month) (Day) (Year): Sept. 21, 1949

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 22, 1882
9. AGE last birthday: 67 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Kings Creek, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Tilghman
14. MOTHER'S MAIDEN NAME: Unknown ??

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Willie Tilghman (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adenocarcinoma of testis — Interval between onset and death: (2)

178 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

51c (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 3, 1949 to Sept 21, 1949, that I last saw the deceased alive on Sept 21, 1949, and that death occurred at 10:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C. H. Rawley M.D. — ADDRESS: Crisfield, Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: Sept. 25, 1949 | NAME OF CEMETERY OR CREMATORY: Hopwell Cemetery | LOCATION (City, town, or county) (State): Hopewell, Md.

DATE REC'D BY LOCAL REG.: 9/24/49 | REGISTRAR'S SIGNATURE: C. E. Collins | 24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors | ADDRESS: Crisfield

RECEIVED
SEP 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0989

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

T

VS. A15

1. PLACE OF DEATH: COUNTY Somerset | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manokin | LENGTH OF STAY (in this place) 69 yrs | HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md | COUNTY Somerset | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manokin | STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lena (Middle) M (Last) Waters

4. DATE OF DEATH: (Month) Sept (Day) 6 (Year) 1949

5. SEX: Fem | 6. COLOR OR RACE: Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: June 13-1881 | 9. AGE last birthday: 68 yrs. | If under 1 year: Months 2, Days 23 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Manokin Somerset Co Md | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Maddox | 14. MOTHER'S MAIDEN NAME: Mary Corson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: James E Waters

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis — 18 months

Antecedent cause(s)

422.2 93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1948, to Sept 6, 1949, that I last saw the deceased alive on Sept 2, 1949, and that death occurred at 11:40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Edna G. Mandorman — Princess Anne Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Sept 10-49 | NAME OF CEMETERY OR CREMATORY: manokin | LOCATION (City, town, or county) (State): Manokin Somerset Co Md

DATE REC'D BY LOCAL REG. 9/10/49 | REGISTRAR'S SIGNATURE: R. E. Johnson, M.D. gd | 24. FUNERAL DIRECTOR: Charles H Ward | ADDRESS: Marion md.

RECEIVED
SEP 14 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Lawsonia District

3. NAME OF DECEASED (Type or Print): (First) ELWOOD (Middle) WILLIAMS (Last)
4. DATE OF DEATH: (Month) Sept. (Day) 17, (Year) 1949

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: 1906
9. AGE last birthday: 43 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood laborer
10b. KIND OF BUSINESS OR INDUSTRY: Seafood
11. BIRTHPLACE (State or foreign country): Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ira Williams
14. MOTHER'S MAIDEN NAME: Ida Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Mr. Joseph Miles (uncle)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental Drowning

8598 Antecedent cause(s)

172 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT, SUICIDE, HOMICIDE (Specify): accident
PLACE OF INJURY (Home, farm, factory, street, office building, etc.): Harbor (CITY OR TOWN) Crisfield (COUNTY) Somerset (STATE) Md.
TIME OF INJURY: (Month) Sept. (Day) 17, (Year) 1949 (Hour) 8 P.M.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Fell over Board

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm H. Coulbourn M D Crisfield Md 9.20.49

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE: 9/20/49
NAME OF CEMETERY OR CREMATORY: Lawsonia Cemetery
LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG. 9/20/49
REGISTRAR'S SIGNATURE: C. E. Collins
24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors ADDRESS: Crisfield

VS. A15

RECEIVED
SEP 22 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09091

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 253 Church St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) 253 Church St

3. NAME OF DECEASED (Type or Print) (First) Anne (Middle) S. (Last) Wilson

4. DATE OF DEATH (Month) Sept (Day) 1 (Year) 1949

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 12-13-'16

9. AGE last birthday 32 yrs. If under 1 year Months 8 Days 19 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) manager hotel

10b. KIND OF BUSINESS OR INDUSTRY Hotel

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Walter Maddox

14. MOTHER'S MAIDEN NAME Laura Parsons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) –

16. SOCIAL SECURITY NO. Yes - Lost

17. INFORMANT Mrs. Laura Maddox

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Spinal Column 3 Years

193 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

55b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1949, to Sept 1, 1949, that I last saw the deceased alive on Aug 28th, 1949, and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE Eldon G. Marksman (Degree or title) ADDRESS Princess Anne, Md DATE SIGNED 9.3.49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 9-4-'49 NAME OF CEMETERY OR CREMATORY Princess Anne Cemetery LOCATION (City, town, or county) Princess Anne (State) Md.

DATE REC'D BY LOCAL REG. 9/3/49 REGISTRAR'S SIGNATURE R. H. Johnson, M.D. Jr.

24. FUNERAL DIRECTOR James F. Stewart ADDRESS 402 E. Church St. Salisbury, Maryland

RECEIVED
SEP 7 1949
BUREAU V. S.